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Lowell B. Der	on, Round Rock, TX; inis, Pflugerville, TX; iTA ************************************	***	)	·				
met  Verified and Acknowledged Examiner's Signature Initials  ADDRESS			STATE OR COUNTRY TX	DRAWING CLA		TOT. CLAI 20	MS	INDEPENDENT CLAIMS 3
33438 TITLE System and method for accelerated information handling system memory testing								
RECEIVED No	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:				☐ All Fees ☐ 1.16 Fees ( Filing ) ☐ 1.17 Fees ( Processing Ext. of time ) ☐ 1.18 Fees ( Issue ) ☐ Other ☐ Credit			